

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69/756097

FILING DATE

01-08-01

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/		/							
2	/	/		/							
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48											
49											
50											
TOTAL IND.	11		11		11						
TOTAL DEP.	19		19		19						
TOTAL CLAIMS	30		30		30						

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
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98											
99											
100											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS